
Book reviews

Ethical Issues in Reproductive Medicine

Ed Maurice Reidy, Dublin,
Gill and Macmillan, November 1982.
£6.50 (paperback)

I once wrote in the middle 1960s, and still believe, that the ability to control fertility and the origins of life represents as momentous a breakthrough as discovery of the knowledge of how to split the atom. Ever since that time scientists and the rest of us have been preoccupied with the social and moral consequences of the discovery that enabled us to control and use atomic power for good and for evil, while, as far as I can recall from my childhood and youth, there were relatively few public debates about the moral and social issues involved.

This is not the case with regard to the present advances in the control of fertility, including abortion, contraception, artificial insemination, treatment for sub-fertility, and *in vitro* fertilisation. Hopefully, such discussion will prevent scientists and politicians from applying the fruits of research before the rest of us have had time to digest what has been achieved so that as ordinary people we can influence the uses to which the powers are put that have been acquired. It is for this reason, as an atheist and someone who believes in the right of women to control their own fertility, that I welcome these essays written from the Roman Catholic standpoint, on the moral issues involved in the control of fertility.

This book contains an up-to-date account of the medical facts and moral problems that arise for Roman Catholics (and, of course, for others) out of current practice and research in reproductive medicine. I found it difficult to follow the logic of both Niall Duignan, a gynaecologist, in his attempt to justify the examination of masturbation specimens of semen, and

also of John Bonnar – also a gynaecologist, who admits that the major reason for not using contraceptive drugs or devices is religious or cultural but who still finds it necessary to say that the major advantage of natural family planning is that no hormones or chemicals are introduced into the woman's body. In my judgment only the lawyer remains entirely logical throughout his essay. The theologian resorts in the end to saying that 'the final judgment on the validity of these considerations remains with the teaching authority of the Church'. He is also careful to leave a door open so far as *in vitro* fertilisation is concerned, because 'if this technology were to offer the possibility of survival to a very early fetus that was known to be under immediate threat then it would be very difficult to condemn it'. Does the end really justify the means whatever they are?

If I were not an atheist and a supporter of women's rights, the only other logic in respect of fertility control that would come near to satisfying me is that adhered to by the Roman Catholic Church. It is important for society that in any debate of moral issues the spectrum of opinion is clearly defined. This book presents so far as I am concerned the opposite end of the spectrum in relation to the ethical issues arising out of the ability to control fertility. I welcome it not only because it helps define the spectrum, but also because life itself is a circle and poles of opinion not only represent points of repulsion but also points of attraction and therefore of unity.

Reconciliation requires intellectual honesty, humility, tolerance, forgiveness, and respect for the other point of view from those at both ends of the spectrum.

PETER J HUNTINGFORD

Consultant Gynaecologist, Linden House
Vicarage Road, Yalding, Kent

Bitter Pills: Medicine and the Third World Poor

Dianna Melrose, Oxford,
Oxfam Publications, £4.95.

A spokesman for the British drug industry put it clearly: 'The multinational companies are not operating in the less developed countries for the welfare of these countries'. He admitted 'They are not bishops, they are businessmen'. The pharmaceutical industry is one of the fastest growing and most highly profitable businesses in the world and it sets its prices at what the market will bear. In the developing countries poverty is a major cause of ill health, it underlies malnutrition and is associated with the lack of pure drinking water or proper sanitation. In these circumstances those who are ill and the parents of sick children are falsely led to believe that what they need most are expensive medicines. This serves the interests of the drug manufacturers and at the same time deflects attention from the political and economic measures which are the real remedies for such ills.

The drug companies are operating in largely uncontrolled market conditions. The distribution of all medical resources favours the wealthier town dwellers, where large, expensively equipped hospitals are sited and where private medical practice thrives. Meanwhile there is lamentable maldistribution of drugs, as well as of all medical resources, so that rural dispensaries run out of supplies of effective pharmaceuticals or are subject to the vagaries of climate and the dishonesty of middlemen. Drug peddlers sell loose pills and capsules by the roadside and self-medication is the order of the day. In this open, if not free, market it is the sick poor who bear the full cost of unsuitable or inadequate treatments.